MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-011957
STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 879

FILED APR 10 1961

1. PLACE OF DEATH: a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b: Weeks

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peace Haven Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Glendale — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) #33 Glenhaven Dr. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Florence Middle Martha Last Herminghaus

4. DATE OF DEATH: Month March Day 30, Year 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-3-1898

9. AGE (last birthday): 62

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Christian Science Practioneer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Hugo Lenz

13b. MOTHER'S MAIDEN NAME: Frances M. Kinderman

14. NAME OF HUSBAND OR WIFE: Earl G. Herminghaus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Address: Dr. Earl G. Herminghaus, Glendale, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 4 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Adenocarcinoma of Breast — 3 yr

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/1/61 to 3/30/61 and last saw her alive on 3/30/61

Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles Burnside M.D.

22b. ADDRESS: 206 W Argonne Kirkwood 22

22c. DATE SIGNED: 3/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-31-1961

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Mausoleum

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: C. R. Lupton & Sons, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: 3-31-61

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

County Clerk

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.